**Edge of Care: Referral / Decision Sheet**

**Panel Date: Panel Chair:**

**N.B. Deadline for papers 12:00pm (mid-day) on Tuesday preceding panel.**

*\*\*Please note: this referral form should not exceed three pages in length\*\**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Identifier(s)** |  | | | | |
| **Child(ren) name(s)** |  | | | | |
| **Date of birth** |  | | | | |
|  |  | | | | |
| **Name of worker completing referral** |  | | **Team** | |  |
| **IRO (name)** |  | |  | |  |
| **CP Chair (name)** |  | |  | |  |
| **Will you be attending in person, over the phone or sending a representative?** |  | | **Contact number** | |  |
|  |  | | | | |
| **Request/Reason for attendance** | **Please indicate**  **Y or N as appropriate** | **Outcome**  **\*(HOS to fill out)\*** | | **Please indicate**  **Y or N as appropriate** | |
| Contact and assessment parenting assessment |  | Contact and assessment parenting assessment | |  | |
| S20 |  | S20 | |  | |
|  |  | Is the plan likely to include Adoption? | |  | |
| Is the S20 retrospective? |  | Is the S20 retrospective? | |  | |
| Initiate care proceedings |  | Initiate care proceedings | |  | |
| Pre-proceedings |  | Pre-proceedings | |  | |
| Extend pre-proceedings |  | Extend pre-proceedings | |  | |
| FASS |  | FASS | |  | |
| Psychological assessment |  | Psychological assessment | |  | |
| Cognitive assessment |  | Cognitive assessment | |  | |
| Drug & alcohol testing |  | Drug & alcohol testing | |  | |
| Update to panel |  | Update to panel | |  | |
| Other: Please specify request: |  | Other: Please specify request: | |  | |

|  |
| --- |
| **Key facts in the case (bullet points only):** |
|  |

|  |
| --- |
| **Summary of reasons for request / Updated information (if attending for update)** |
|  |

|  |
| --- |
| **What outcomes are sought as a result of this course of action** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Team Manager’s comments**  **(Or Service Manager’s authorisation if after the deadline)** | | | | |
|  | | | | |
|  | | | | |
| **Supporting documentation** | LPM Request Form | Y/N | LPM Minutes | Y/N |
| Single Assessment | Y/N | Other (please specify): | Y/N |

**DECISION (Senior Management comments)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Return to panel?** |  | **Date:** |  |
| If case to be issued, give issued date: |  | | |

|  |
| --- |
| **Comments** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Copies to:** | IRO |  | Relevant Social Worker: |  |
| CP Chair |  | Team: |  |
|  | Service Manager:  Pier Pritchard, North/East/West 2  Katrina Mcjannet South/West 1  Team Manager:  North/East/South/West 1/ West 2  Adoption Team Manager (if relevant)  [susan.white@adoptionwest.co.uk](mailto:susan.white@adoptionwest.co.uk) |  |
| Social Care Paralegal |